

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Sandra  
NICKNAME LAST SUFFIX  
Martinez

OFFICE USE ONLY

Date Received

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2003 APR -3 P 3:52

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 201257 San Antonio Tx 78220

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Clinton  
NICKNAME LAST SUFFIX  
Maynard

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5515 Kless San Antonio Tx 78242

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 378-1715

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year

02 / 17 / 03 THROUGH 03 / 31 / 03

10 ELECTION

ELECTION DATE

Month Day Year

05 / 03 / 03

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

NA

12 OFFICE SOUGHT (if known)

City Council District 2

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

none

Address / PO Box; Apt. / Suite #; City; State; Zip Code

none

☐ additional pages

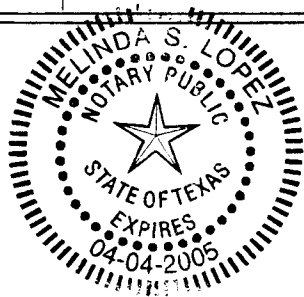
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Sandra Martinez</i>		15 ACCOUNT # (Ethics Commission filers) <i>2004-3 P 3 52</i>	
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	<i>n/a</i>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		<i>n/a</i>	
	COMMITTEE CAMPAIGN TREASURER NAME		
	<i>n/a</i>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<i>n/a</i>		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0.00</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>200.00</i>	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>0.00</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1000.12</i>	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>	

## 19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sandra Martinez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sandra Martinez*, this the *3rd* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*  
Signature of officer administering oath

*Melinda S. Lopez*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Instructions for this Schedule A1:

①

2 FILER NAME **Sandra Martinez** 2003 APR 33 ACCOUNT# 15155 Commission filers)

4 Date **02-12-03** 5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_) **Paseual Madrigal** 7 Amount of contribution (\$) **100.00** 8 In-kind contribution description (if applicable) **n/a**

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional) 10 Employer (Optional)

Date **2-13-03** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_) **Shawn McGrath** Amount of contribution (\$) **100.00** In-kind contribution description (if applicable) **n/a**

Contributor address; City; State; Zip Code **Ft Sam Houston TX**

Principal occupation (Optional) Employer (Optional)

Date \_\_\_\_\_ Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_) Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_

Contributor address; City; State; Zip Code \_\_\_\_\_

Principal occupation (Optional) Employer (Optional)

Date \_\_\_\_\_ Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_) Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_

Contributor address; City; State; Zip Code \_\_\_\_\_

Principal occupation (Optional) Employer (Optional)

Date \_\_\_\_\_ Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_) Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_

Contributor address; City; State; Zip Code \_\_\_\_\_

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:52

1 Total pages Schedule F:

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

02-26-03

5 Payee name

Demarco-Bertetti Ins. Agency

7 Amount (\$)

285.00

6 Payee address; City; State; Zip Code

1300 W. Hildebrand  
San Antonio TX 78201

8 Purpose of payment (See instructions regarding type of information required.)

Headquarters liability Ins.  
down payment9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

N-A

Date

03-1-03

Payee name

Capital Realty Investments

Amount (\$)

650.00

Payee address; City; State; Zip Code

2700 W. Anderson Lane #310  
Austin, TX 78757

Purpose of payment (See instructions regarding type of information required.)

Headquarter Rent and Deposit

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

N-A

Date

3-21-03

Payee name

DeMarco-Bertetti Ins. Agency

Amount (\$)

65.12

Payee address; City; State; Zip Code

1300 W. Hildebrand San Antonio TX 78201

Purpose of payment (See instructions regarding type of information required.)

Liability Ins monthly pymt

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

N/A

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

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CITY OF SAN ANTONIO  
CITY CLERK

1 Total Pages Schedule G:

2 FILER NAME

*Sandra Martinez*

2003 APR 3

ACCOUNT # (For Ethics Commission filers)

4 Date

*02-26-03*

5 Payee name

*De Marco Berk 44 Ins*

6 Payee address; City; State; Zip Code

*1300 W. Hildebrand  
San Antonio TX 78201*

8 Amount (\$)

*\$285.00*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Headquarters Reliability class*

☒ Reimbursement from political contributions intended

Date

*03-01-03*

Payee name

*Capital Realty Investments*

Payee address; City; State; Zip Code

*2700 W. Anderson Austin TX 78757*

Amount (\$)

*\$1050.00*

Purpose of expenditure (See instructions regarding type of information required.)

*House headquarters Rent & Deposit*

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED